

Foster Family Home - Corrective Action Report

Provider ID: 1-190092

Home Name: Nemalyn A. Lagua, NA

1611 Hoolehua Street

Pearl City

HI 96782

Review ID: 1-190092-3

Reviewer: Maribel Nakamine

Begin Date: 8/27/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 9/27/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#2 is without any result of APS/CAN/Fingerprint in home binder.

Foster Family Home

Information Confidentiality

[11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No completed confidentiality training form for CG#2, CG#3, HHM#1, and HHM#2.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

Comment:

41.(a)(2)- CG#3's CNA license expired on 6/30/2020.

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No completed Monthly Fire Drill since January 2020 till present.

Foster Family Home - Corrective Action Report

Foster Family Home

Physical Environment

[11-800-49]

- 49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;
- 49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

49.(a)(4)- Emergency exit door located in household members' bedroom was obstructed with a dresser preventing a wheelchair to pass through in the event of an emergency evacuation.

49.(a)(5)- 2 smoke detectors were not functioning when tested during home inspection.

Foster Family Home

Client Rights

[11-800-53]

- 53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.
- 53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

Comment:

53.(a), (b)(1)- No Admission Policy and Agreement completed upon admissions of Client #1 and Client #2.

Foster Family Home

Records

[11-800-54]

- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(6)- No progress/admission notes by CG#1 since Client #1 was admitted to CCFFH on 8/24/2020.

Thawikel Nakawine, RN

Compliance Manager

Njogu

Primary Care Giver

8/27/2020

Date

8/27/2020

Date

CTA RN Compliance Manager: Maribel Nakamine, RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Nemalyn Laund
(PLEASE PRINT)

CCFFH Address: 1611 Hookehwa St, Pearl City, Hawaii 96782
(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
3.(a) (1)(a)	CG#2 obtained a current APS/CAN/Fingerprinting. Result was filed in home binder.	8/28/2020	The home will utilize the iPhone calendar to schedule and prevent any requirements from expiring in the future.
16.(b)(5)	CG#1 provided a confidentiality training to CG#2, CG#3, HHM#2. Filed in home binder.	9/1/2020	CG#1 will do the confidentiality training within 10 days of adding a new caregiver/household member.
41.(5a) (2)	The home received a copy of CG#3's CNA Licensed and filed in home binder.	9/3/2020	The home will utilize the iPhone calendar to schedule and prevent any requirements from expiring in the future.
46.(a)	The home has completed a monthly Fire Drill and filed in home binder.	9/4/2020	The home will conduct a monthly Fire Drill in the future at different times of the day/evening along with the SCGS.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Nemalyn Laund

Date: 9/17/20

☒ OTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Nemalyn Laguna
(PLEASE PRINT)

CCFFH Address: 1611 Hooehua St, Pearl City, Hawaii 96782
(PLEASE PRINT)

Rule Number	Corrective Action Taken -- How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy -- How will you prevent each violation from happening again in the future?
49.(a) (4)	The home removed the dresser obstructing the emergency exit door so the wheelchair can pass through in case of emergency.	9/7/2020	The home shall prevent any blockage of every emergency exit in the future.
49.(a)(5)	The home changed the smoke detectors that weren't functioning.	9/9/2020	Home will replace any smoke detectors that is nonfunctioning immediately.
53.(a) b)(6)	The home has admission Policy and Agreement completed and filed in home binder. Client #1 and client #2 were given a copy.	9/11/2020	The home will provide the admission Policy and agreement form for new client the day of client's admission.
54.(c) (6)	CG #1 did a late entry of client #1's admission notes and filed in clients chart/binder.	9/14/2020	In the future, all new clients admission notes will be done upon admission.

☒ All items that were fixed are attached to this CAP

PCG's Signature: N. Laguna

Date: 9/17/20

☒ CTA has reviewed all corrected items